



Carpenters Southwest Administrative Corporation

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Comparison of Benefit Options for California Active Southwest Carpenters 2012

Note: This document constitutes only a brief summary of the benefits available. Refer to your Summary Plan Description Booklet (SPD) or HMO Evidence of Coverage document for details. You may also visit us on-line at www.carpenterssw.org

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SOUTHWEST CARPENTERS HEALTH & WELFARE TRUST • SOUTHWEST CARPENTERS PENSION TRUST • SOUTHWEST CARPENTERS VACATION TRUST • SOUTHWEST CARPENTERS TRAINING FUND

**SOUTHWEST CARPENTERS HEALTH AND WELFARE TRUST
COMPARISON OF MEDICAL AND PRESCRIPTION BENEFITS
FOR ALL ACTIVE CALIFORNIA PARTICIPANTS AS OF JANUARY 1, 2012**

DESCRIPTION OF BENEFITS	FEE-FOR-SERVICE PLAN	KAISER	UnitedHealthcare SignatureValue HMO Plan
REGIONS AVAILABLE	ALL STATES	CA ONLY	CA ONLY
MEDICAL BENEFITS	<i>(What the Plan Pays)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>
CALENDAR YEAR DEDUCTIBLE	\$500 per person, maximum of \$1,500 per family	None	\$100 per person, maximum of two deductibles per family
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	When Allowable Charges reach \$30,000 for an individual during a calendar year benefits increase to 100% (does not apply to charges for chiropractic care, nervous/mental conditions, alcohol/drug addiction or any Non-Contracting Provider charges)	\$1,500 per individual, \$3,000 per family	\$1,000 per individual, \$3,000 per family
OVERALL LIFETIME MAXIMUM	None	None	None
OVERALL CALENDAR YEAR MAXIMUM	\$1,250,000 per person	None	None
Hospital	<i>See directory</i>	<i>See directory</i>	<i>See directory</i>
In-patient	Contracting facility, 80% of allowable charges Non-contracting facility, 50% of allowable charges	\$500 per admission	\$500 per admission after deductible is satisfied
Out-patient Surgery	Contracting facility, 80% of allowable charges Non-Contracting facility, 50% (maximum allowable \$5,000 per operative session)	\$40 per visit or procedure (\$20 for non-specialist)	\$40 per visit or procedure after deductible is satisfied (\$20 for non-specialist)
Out-patient Emergency Room	\$250 per visit (waived if admitted), then... Contracting facility, 80% of allowable charges Non-contracting facility, 80% of allowable charges (50% if not true emergency)	\$150 per visit (waived if admitted)	\$250 per visit (waived if admitted)
Other Hospital Out-patient Services	Contracting facility, 80% Non-contracting facility, 50%, (maximum allowable \$3,500)	\$40 per visit (\$20 for non-specialist)	None after deductible is satisfied

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Ambulance Services	Contracting provider, 80% Non-contracting provider, 50% (maximum allowable \$700 base fee and \$15/mile ground, \$5,000 base fee and \$70/mile air)	\$50 per trip	\$50 per trip after deductible is satisfied
Extended Care Facility	100% for first 30 days, 80% thereafter for room and board and 80% for other services, 180 day limit per disability	None; 100 day limit per benefit period	10%; limited to 100 consecutive calendar days from the first treatment per disability
Preventive Services - all preventive services and tests with an A or B rating from the U.S. Preventive Services Task Force are covered (additional tests may be covered as required by federal law)			
Preventive Care Office Visit	If performed by a contracting provider, no deductible, 100% of allowable charges By a non-contracting provider, 50% of allowable charges (subject to deductible)	\$20 for primary care physician \$40 for specialist \$10 for well baby/prenatal care	\$20 for primary care physician \$40 for specialist \$0 for well baby care
Physical Exam, Laboratory and Other Tests & Immunizations	If performed by a contracting provider, no deductible, 100% of allowable charges By a non-contracting provider, 50% of allowable charges (subject to deductible)	None	None
Physician			
Surgery – In-Patient	If performed by a contracting physician, 80% of allowable charges By a non-contracting physician, 50% of allowable charges	None after per admission hospital co-pay is satisfied	None after deductible and per admission hospital co-pays are satisfied

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Surgery – Out-Patient	If performed by a contracting physician, 80% of allowable charges By a non-contracting physician, 50% of allowable charges	\$40 per visit (\$20 for non-specialist)	\$40 per visit after deductible is satisfied (\$20 for non-specialist)
Hospital, Office & Home Visits	If rendered by a contracting physician, 80% of allowable charges By a non-contracting physician, 50% of allowable charges	None for hospital and home visit; \$20 for non-specialist office visit; \$40 for specialist	None for hospital and home visit; \$20 for non-specialist office visit; \$40 for specialist
Vision Screening/Refraction (frequency limits apply)	Not covered	\$20 per visit	\$20 for non-specialist office visit; \$40 for specialist
Second Surgical Opinion	100% up to \$150 (contracting or non-contracting provider)	\$40 per visit (within Kaiser)	\$40 per visit
Maternity (Female Employee or Spouse)	Same as any illness	Same as any illness	Same as any illness
Diagnostic X-ray & Laboratory (out-patient)	If performed by a contracting provider, 80% of allowable charges By a non-contracting provider, 50% of allowable charges	None	None for routine tests; \$100 per procedure for complex tests such as CAT scans, MRIs and PET scans after deductible is satisfied
Durable Medical Equipment and Corrective Appliances	If supplied by a contracting provider, 80% of allowable charges By a non-contracting provider, 50% of allowable charges	None; some items are subject to a \$2,000 calendar year maximum	10% after deductible is satisfied; \$2,500 calendar year maximum
Home Health Care/ Nursing Care (at home)	By a contracting provider, 80% of allowable charges. By a non-contracting provider 50% (maximum allowable charge is \$120 per visit for a registered nurse and \$60 per visit for a LPN or LVN)	None; limited to 100 visits per calendar year	\$20 per visit; limited to 100 visits per calendar year

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Chiropractor	\$10 benefit per visit, limited to 24 visits per calendar year contracting and non-contracting providers combined	\$15 per visit; limited to 20 visits per calendar year	\$40 per visit after deductible is satisfied; limited to 20 visits per calendar year
Physical Therapy (short-term out-patient)	By a contracting provider, 80% of allowable charges By a non-contracting provider, 50% of allowable charges Limit of 20 visits per calendar year for contracting and non-contracting providers combined	\$20 per visit	\$40 per visit after deductible is satisfied
Speech Therapy (short-term out-patient)	By a contracting provider, 80% of allowable charges By a non-contracting provider, 50% Limit of 130 visits per lifetime for contracting and non-contracting providers combined	\$20 per visit	\$40 per visit after deductible is satisfied
Alcoholism & Drug Addiction			
In-Patient	By a contracting provider, 80% of allowable charges By a non-contracting provider, 50% of allowable charges Limit of 31 days per calendar year and two episodes of confinement per lifetime for contracting and non-contracting providers combined	\$500 per admission (\$100 for transitional residential care, which is limited to 60 days per calendar year and 120 days in a five calendar year period)	\$500 per admission after deductible is satisfied

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Out-Patient	By a contracting provider, 80% of allowable charges By a non-contracting provider, 50% of allowable charges Limit of 60 visits per calendar year for contracting and non-contracting providers combined	\$20 per visit (\$5 for group session)	\$40 per visit after deductible is satisfied; limited to 20 visits per calendar year
Nervous & Mental Condition			
In-Patient Hospital (As defined by AB88, Health & Safety Code 1374.72)	50% of allowable charges up to a maximum of 31 days per calendar year, for full time confinement and pre-authorized partial confinement combined	\$500 per admission	\$500 per admission after deductible is satisfied; limited to 30 days per calendar year
Out-Patient Physician Only	By a contracting provider 80% of allowable charges, By a non-contracting provider , 50% of allowable charges Limit of 60 visits per calendar year for contracting and non-contracting providers combined (no benefits for out-patient facility charges)	\$20 per visit (\$10 for group session)	\$40 per visit; limited to 20 visits per calendar year
Other Covered Services and Supplies	By a contracting provider 80% of allowable charges, By a non-contracting provider , 50% of allowable charges	Varying co-pays may apply	Varying co-pays may apply

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PRESCRIPTION DRUGS (no annual deductible)			
When Obtained at Participating Pharmacy (all plans have mandatory generic substitution and formulary management programs)			
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REGIONS AVAILABLE	ALL STATES	CA ONLY	CA ONLY
	<i>(Your Cost)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>
RETAIL (30 day supply) Generic Formulary Brand Non-Formulary Limit on Maintenance Medication at Retail	Using Medco Card – you pay the lower of the cost of the drug or the co-pay \$10 \$40* \$60* After the first refill of a maintenance medication, you pay 100% of the discounted cost of the medication if you continue to have it dispensed at a retail pharmacy	\$10 \$35 Not covered unless medically necessary None	\$10 \$35* Not covered unless medically necessary None
MAIL (90 day supply) Generic Formulary Brand Non-Formulary	\$25 \$100 \$150	\$20 (100 day supply) \$70 (100 day supply) Not covered unless medically necessary	\$20 \$70* Not covered unless medically necessary
<i>*Note: If a generic is available, and you or your doctor indicate “Do not substitute” on the prescription, you will be charged the brand co-payment, plus the difference in cost between the generic and the brand named drug.</i>			
When Obtained at a Non-Participating Pharmacy	Reimbursed at 80% of contracted rates as if purchased at a participating pharmacy, (after a \$60 co-payment per prescription) you also pay the difference in cost between generic and brand if a brand is dispensed and a generic is available	Not covered except in case of emergency	Not covered except in case of emergency or urgent care

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IMPORTANT: All new or reinstated eligibles must enroll in an HMO/EPO plan unless they reside outside an HMO/EPO service area until the next scheduled open enrollment period.

PPO Networks: For a listing of participating Fee-For-Service medical providers in California visit www.bluecrossca.com. For services rendered outside of California, the provider network is Anthem Blue Cross BlueCard at www.anthem.com. Once at www.anthem.com please select the state where services will be rendered. Or you can dial 1-800-810-BLUE.

FFS Notes: The term “allowable charges” has a specific meaning under the Fee-For-Service Plan. Refer to the Summary Plan Description booklet for the definition of allowable charges.

Non-PPO emergency room visit and emergency out-patient surgery are paid at the PPO benefit level if treatment is due to “A sudden unexpected onset of a medical condition, not normally treatable in the provider’s office that manifests itself by acute symptoms of enough severity that urgent and immediate attention is required without regard to the hour of the day or night to prevent significant impairment in bodily functions or serious and/or permanent damage to any bodily organ or part.” Non-PPO inpatient confinement for an emergency is also payable at the PPO level if authorized within 48 hours following admission as an inpatient.

THIS IS ONLY A SUMMARY: The above Plan benefits show only a partial summary of benefits. Please refer to the applicable Evidence of Coverage (EOC) booklet or Summary Plan Description booklet for prior-authorization requirements and specific restrictions, exclusions, and limitations. The co-payments are applicable for covered services received as described in the EOC, however, the Trust's eligibility rules, as detailed in the Summary Plan Description booklet issued by the Trust, apply to all active eligible participants, even those enrolled in an HMO, EPO or PPO Plan. All charges associated with non-covered services or denied claims will be the member’s responsibility.

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